## State of California

## OUT-OF-STATE BEER MANUFACTURER'S CERTIFICATE APPLICATION

Instructions:		(ABC Use Only)
Complete and sign this form and return to:		FILE NUMBER
ABC, Attention: Business Pract	tices	
3927 Lennane Drive, Suite 100, Sacramento, CA 95834.		FEE NUMBER
Item 1: Enter the name of the applicant. For a general partnership, the names of		
the individual partners. For a limited partnership, limited liability company, or a		DATE ISSUED
corporation, the name of the entity.		
1. APPLICANT(S) NAME		
2. DOING BUSINESS AS (DBA)		
3. PREMISES LOCATION (Where business will be conducted)		
4. MAILING ADDRESS		
5. CALIFORNIA CERTIFICATE OF COMPLIANCE HELD	6. CALIFORNIA CERTIFICATE OF COMPLIANCE NUMBER	
∐YES		
7. CONDITIONS FOR QUALIFICATION		
As a condition for qualification of the	e certificate applied for, the applicant agrees to	the following:
Tis a condition for quantication of the	e commence approva for, the approvant agrees to	the fellowing.
limited to, Chapter 12 (commend extent as licensees.	artment with respect to the sale of alcoholic bevering with Section 25000) of Division 9, and Sec	etion 25509, to the same
department, all books, document pertinent to the activities of the a	in California and outside the state, for inspections, and records, located both within and without applicant, its agents and agencies within this state.	this state, which are
Under penalty of perjury, each perso	on whose signature appears below, certifies and	! says:
	f the applicants, or an executive officer of the apduly authorized to make this application on its	•
(2) That he/she has read the foregoin statements therein made are true;	ng application and knows the contents thereof a	nd that each and all of the
	plicant or applicants has any direct or indirect ted under the license(s) for which this application	• •
PRINTED NAME	SIGNATURE	DATE SIGNED
	x	